UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
CAND 435
(CAND Rev. 08/2018)

**TRANSCRIPT ORDER**
**Please use one form per court reporter.**
***CJA counsel please use Form CJA24***
*Please read instructions on next page.*

COURT USE ONLY
**DUE DATE:**

| 1a. CONTACT PERSON FOR THIS ORDER | 2a. CONTACT PHONE NUMBER | 3. CONTACT EMAIL ADDRESS |
|---|---|---|
| Deborah Grubbs | (650) 493-9300 | dgrubbs@wsgr.com |
| **1b. ATTORNEY NAME (if different)** | **2b. ATTORNEY PHONE NUMBER** | **3. ATTORNEY EMAIL ADDRESS** |
| Samantha A. Machock | (650) 493-9300 | smachock@wsgr.com |

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)
WilsonSonsiniGoodrich& Rosati,P.C.
650 Page Mill Road
Palo Alto, CA 94304-1050

5. CASE NAME: In re: Social Media Adolescent Addiction

6. CASE NUMBER: 4:22-md-03047

7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ❒ FTR
Digital Recording Time: By Zoom: 10:07-10:39

8. THIS TRANSCRIPT ORDER IS FOR:
❒ APPEAL ❒ CRIMINAL ❒ In forma pauperis (NOTE: Court order for transcripts must be attached)
❒ NON-APPEAL ☑ CIVIL CJA: Do not use this form; use Form CJA24.

9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:

| a. HEARING(S) (OR PORTIONS OF HEARINGS) | | | | b. SELECT FORMAT(S) (*NOTE: ECF access is included with purchase of PDF, text, paper or condensed.*) | | | | | c. DELIVERY TYPE (Choose one per line) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | JUDGE (initials) | TYPE (e.g. CMC) | PORTION If requesting less than full hearing, specify portion (e.g. witness or time) | PDF (email) | TEXT/ASCII (email) | PAPER | CONDENSED (email) | ECF ACCESS (web) | ORDINARY (30-day) | 14-Day | EXPEDITED (7-day) | 3-DAY | DAILY (Next day) | HOURLY (2 hrs) | REALTIME |
| 04/19/2023 | TSH | DISC | | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ◑ | ○ | ○ | ○ |
| | | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:

ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).

11. SIGNATURE /s/ Samantha A. Machock

12. DATE 04/19/2023

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